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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by Radin Institute for Family Health Education and Promotion, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

The chronic care model for HIV/AIDS: Shared and equal responsibilities for women and men

Because of advances in treatment of HIV infection, people with HIV/AIDS can live longer and have healthier lives. However, better survival is associated with increased prevalence of HIV complications, adverse effects of the drugs used to treat HIV, and concurrent medical co-morbidities. These long-term complications demand a different approach to HIV infection in the context of chronic diseases rather than of infectious diseases, which usually respond to short-term interventions.

Effective management of HIV/AIDS as a chronic disease requires an integrated system of interventions at the level of the clinical services, the community supports for those clinical services, and the individual patient and their care givers. The HIV/AIDS care needs a major shift from a reactive, acute-illness approach to a system in which informed, proactive male and female patients and their care-givers have shared responsibilities and interact with health care teams. The equal sharing of responsibility for women and men should be integrated into all six components of the HIV/AIDS chronic care model.

1- Community resources and policies refer to the need to mobilize community resources to meet patient needs. This principle also reflects the importance of encouraging both men and women to participate in effective community programmes, the need for Governments to form partnerships with civil societies, and the role of advocacy in improving patient care, while recognizing the equality of responsibilities for men and women.

2- Health system organization of health care prioritizes creation of organizations and systems, at both international and national levels, that promote safe, high-quality care and consider equal roles for men and women in HIV/AIDS care. Governments should work toward comprehensive system change, provide incentives to improve quality of care, and develop systems for coordinating care across organizations based on the gender equity strategies.

3- Self-management support encompasses activities that empower and prepare patients to manage their health care. This component reflects the patient's central role in care and treatment and stresses use of self-management support strategies, including assessment, goal setting, action planning, problem solving, and follow-up. At this level, capacity-building initiatives are needed to enhance both female and male care-givers access to a better knowledge about HIV/AIDS and what these initiatives can do for an efficient and effective self-management plan for the patient.

4- Delivery system design should ensure delivery of patient-centered clinical care and self-management support. The system should promote a culturally-competent definition of roles for men and women in chronic care of HIV/AIDS among care givers and the clinical care team.

* Issued without formal editing.

5- Decision support increases the capacity of the clinical team and promotes care that is consistent with scientific evidence and patient preferences. Decision support should use proven methods of HIV/AIDS care and mutual responsibilities of men and women as a patient and a care giver.

6- Clinical information systems should use data to facilitate effective care based on shared responsibilities of men and women. Data systems monitor the performance of the care system and provide reminders for both providers and patients. They also facilitate case planning and provide information necessary for coordinating care among patients and care givers.

Several report and studies indicate that there is an unequal sharing of care-giving responsibilities in the context of HIV/AIDS in all countries, regardless of level of development. Women and girls have major responsibilities for care of people living with HIV /AIDS and for children orphaned by HIV/AIDS. We urge all Governments to establish and improve their policy on care-giving in the context of HIV/AIDS and to undertake measures that ensure equality of responsibilities in care giving among men and women.

Targeting men's involvement in care-giving is essential. It requires changes in norms and beliefs in the communities. Therefore, programs are needed to educate men and boys to encourage them to be more involved in care-giving activities and domestic work. They should be educated about the unfairness of gender inequity. This education should be incorporated with positive images of men in non-traditional roles and teach them skills in care giving activities. Such skills could be taught in schools and also through community outreach.

The media has an enormous role in establishing social norms and beliefs. Thus, gender stereotypes should be replaced by images with positive messages, such as promoting positive male and female role models around family life and showing both parents active in family care-giving and domestic work.

We recognize all complexities inherent in HIV/AIDS care-giving and in sharing responsibilities of care-giving for men and women, but we believe that a system-based approach would put this issue at the centre of national and international policies.